

Prevocational Services

Definition: Prevocational Services are aimed at preparing an individual for paid or unpaid employment, but are not job task oriented and are not directed at teaching job specific skills. Activities included in this service are directed at teaching habilitative goals such as attention span or motor skills. Services include teaching concepts such as compliance, attendance, endurance, task completion, problem solving and safety. All prevocational services will be reflected in the recipient's plan. **Documentation will be maintained in the file of each recipient stating that this service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or PL 94-142.**

Providers: Prevocational Services are provided through facilities that are licensed by SCDDSN. Typically these facilities are Child Development Programs or Adult Activity Centers.

Arranging for the Service: Contact your supervisor for your board's policy/procedure for enrollment in Adult Activity Centers operated by your agency.

For those people who are enrolled in an AAC and determined to need the services described in the definition, the Plan must clearly reflect the need for the service.

Once the need for the service has been determined, SC Vocational Rehabilitation (SCVR) must be contacted to determine if this service is available through a program funded by SCVR. The **Request for Determination of Availability of Service Form (MR/RD Form VR)** should be used to request this determination. When sending this request to SCVR, you must include a copy of the most current psychological evaluation along with a signed release of information form. **Until the evaluation is completed by SCVR prevocational services cannot be authorized through the MR/RD Waiver.**

Once the determination is received (this documentation should never be removed/purged from the working file), if services are not otherwise available, the recipient should be given a choice of providers of this service and the offering of choice must be documented. The recipient and/or his/her family/guardian should be provided with a listing of enrolled providers. If there is only one available choice then this must be explained to the recipient and/or his/her legal guardian and documented.

Prior to adding Prevocational Services to the Waiver Tracking System, you must first ensure the service is included on the STS. If Prevocational Services is not already on the STS you cannot add it to the Waiver Tracking System. In addition, the funding for day services must be updated prior to adding it to the Waiver Tracking System. To make this change proceed to the services menu on the STS (**SVMEN**). Select **CHGAT** and enter SSN in the Key 1 position. The day service that the individual is receiving will be displayed along with the activity type (prevocational or day habilitation) and how it is currently being funded. Enter the effective date (which is the enrollment date/budget begin date) and change the funding to Waiver ("**W**").

Once you have ensured that the information is entered correctly onto the STS you may proceed with adding the service to the Waiver Tracking System. Once the request is approved, Prevocational Services can be authorized using **the Authorization for Services (MR/RD Form A-7)**. **The MR/RD Form A-7** authorizes the Day Program to bill the local DSN Board provider for services rendered.

Please note that when computing the units for Prevocational Services, if you are aware that the individual does not attend the day program 5 days per week, then you would not include 260 units of prevocational services on the budget and plan. You would make the necessary adjustment.

The recipient's Plan must reflect the training to be provided along with the amount and frequency with which it is to be provided. Some examples of the kinds of training provided as Prevocational services include training to work for longer periods of time, training to stay on task/attend to task for specified periods of time, training on safety skills, etc. For Prevocational Services, one unit equals one day as indicated by the recipient's presence or absence as noted on the AAC roll book.

If a determination is received from South Carolina Vocational Rehabilitation stating that the individual does qualify for services provided by South Carolina Vocational Rehabilitation then the recipient and Service Coordinator would need to contact South Carolina Vocational Rehabilitation to arrange for services. This service would not be funded through the MR/RD Waiver, but should still be reflected in the individual's plan.

Monitoring the Services: You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the recipient's/family's satisfaction with the service. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following criteria should be followed when monitoring Prevocational Services.

- At least monthly for the first two months
- At least quarterly thereafter
- Start over with each new provider or location

Monitorship of this service may occur during contact with the individual/family or the provider of services. It may also occur during review of written documentation such as daily logs of goals and/or formal professional assessments. Some items to consider during monitorship include:

- Is the individual satisfied with his/her daily activity?
- What type of training is the individual receiving? Is the individual satisfied with the training?
- Are the training areas consistent with the individual's goal to become prepared for paid or unpaid employment?
- Is the individual making progress in training areas identified by goals and objectives? If not, are goals and objectives reviewed and amended as needed.

- What contract is the individual working on? Is the work consistent with the training objectives?
- Does the individual earn a competitive wage?
- Where does the individual want to work?
- What is the status of competitive employment?
- Is the workshop clean and safe?
- What is the individual's attendance?
- What are the opportunities for choice given to the individual?
- Does the individual feel comfortable with staff?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the consumer or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). The general termination form that has been used in the past for all waiver services is no longer used. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

South Carolina Department of Disabilities and Special Needs
MR/RD Waiver
Request for Determination of Availability of Service

Name _____

Address _____

Date of Birth _____

SS# _____

The above referenced person needs:

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OR

☐ supported employment services consist of paid employment for persons for whom employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment services are provided in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities to sustain paid work including training and supervision.

as defined by South Carolina's Mental Retardation/Related Disabilities Waiver (MR/RD Waiver). As stated in the MR/RD Waiver, this service can be funded by the MR/RD Waiver if the service is not "otherwise available under a program funded under the Rehabilitation Act of 1973 or P. L. 94-142".

Please determine if these services are available under a program noted above and send a statement of this determination the Service Coordinator noted below. A copy of the consumer's most recent psychological evaluation is attached along with a signed release of information.

Service Coordinator: _____

Board/Provider: _____

Address: _____

Phone Number: _____

****This form must remain in the working file at all times.****

A copy of the most current psychological evaluation and a signed release of information form must be included.

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
MR/RD WAIVER**

**AUTHORIZATION FOR SERVICES
TO BE BILLED TO DSN BOARD**

TO: _____

RE: _____
Recipient's Name / Date of Birth

Address

Medicaid # / / / / / / / / / / / / /

You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).

Prevocational Services

Number of Units Per Week _____

(one unit = 1 day)

Start Date: _____

Service Coordinator:

Name / Address / Phone # (Please Print):

Signature of Person Authorizing Services

Date